

Adaptive Recreation Participant Information Form (PIF)

Liability, Medication and Photo Release

In order for the Adaptive Recreation staff to best serve you, we ask that you complete this form and answer all questions completely. This PIF must be on file with the Adaptive Recreation office in order to join any adaptive recreation program or event. The PIF contains extremely important participant information which is necessary for recreation staff to plan and execute safe and enjoyable programs. Information will only be shared with staff/volunteers working directly in programs. Adaptive Recreation will make reasonable efforts to have a new Participant Information Form completed every two years. Please contact us if any information has changed including address and phone number. Mail, fax or drop off completed PIF to the address at the bottom.

Name: _____ Address: _____

City _____ Zip _____ Phone:(day or evening) _____ (Cell) _____

Date of Birth: ____/____/____ ☐ Male ☐ Female email address: _____

Do you want to receive info about recreation programs and events through email? ☐ Yes ☐ No

So we can better serve your needs, please list your **primary disability/diagnosis**.

Photo Release ☐ Yes ☐ No *I give permission to be photographed/videotaped/newspaper or TV interviewed during City of Eugene, Adaptive Recreation programs and for the photos to be used to publicize future activities.*

EMERGENCY CONTACT INFORMATION

Names of parent(s), home provider, or primary contact: _____

Phone: (day or evening) _____ (work) _____ (cell) _____

Address: _____ City _____ Zip _____

Relationship to participant: _____ Primary Doctor's Name: _____

Medical insurance Company: _____ Policy # _____

Participant is able to give consent for medical treatment in event of emergency: ☐ Yes ☐ No

AUTHORIZATION FOR
EMERGENCY MEDICAL
TREATMENT

I AUTHORIZE CITY OF EUGENE ADAPTIVE RECREATION TO ARRANGE FOR EMERGENCY MEDICAL TREATMENT, IN THE EVENT OF AN INJURY TO MY CHILD, OR ME AND IN THE EVENT THAT I OR MY DESIGNATED EMERGENCY CONTACT CANNOT BE REACHED BY ADAPTIVE RECREATION.

SIGNATURE OF PARTICIPANT, PARENT OR GUARDIAN

DATE

School Attending/Other (Workshops, Day Care, Day Treatment) _____

Teacher's/Supervisor's/Case Worker's Name: _____ Phone:() _____

AUTHORIZATION TO
CONTACT AND
RELEASE INFORMATION

UNLESS OTHERWISE INDICATED IN WRITING, I GRANT PERMISSION TO ADAPTIVE RECREATION TO CONTACT THE SCHOOL, RECREATION PROGRAM, TEACHER ASSISTANTS, TEACHER, SOCIAL WORKER, THERAPIST OR PHYSICIAN FOR THE PURPOSE OF GATHERING OR RELEASING INFORMATION REGARDING THE PARTICIPANT. THE INFORMATION WILL BE USED TO PROVIDE THE MOST EFFECTIVE PLAN FOR PROVIDING ADAPTIVE RECREATION SERVICES AND PROPER PLACEMENT IN INCLUSION. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

SIGNATURE OF PARTICIPANT, PARENT OR GUARDIAN

DATE

****If you choose to decline to fill out the form, we may not be able to serve you in the best way. We reserve the right to ask you to complete the remainder of the form in order to provide recreational programs to you.***

**If you decline, please go to the last page of this form and read the Release From Liability Agreement*

Hilyard Community Center

2580 Hilyard St., Eugene, OR 97405

Phone: (541) 682-5311, FAX (541) 682-5460 [www.eugene-](http://www.eugene-or.gov/recadaptive)

[or.gov/recadaptive](http://www.eugene-or.gov/recadaptive)

Please mail fax or drop off completed PIF to above

Please Turn Over and Complete Other Side

HEALTH & SAFETY INFORMATION

Medications ☐ Yes ☐ N/A Is participant able to take medication independently? ☐ Yes ☐ No

List any medicine and reason for taking: Use an additional sheet and attach to this form.

1. _____ 2. _____

Prescription Medication ☐ Yes ☐ No I give permission to the Adaptive Recreation Program staff to assist me in taking prescription medication if needed during an activity. I will bring the medication in its original prescription vial showing dosage times and amounts.

Seizures: ☐ Yes ☐ N/A Describe Type and Frequency: _____
Are seizures controlled by medication? ☐ Yes ☐ No

Swimming Information

☐ Able to swim ☐ Non-swimmer ☐ Needs life jacket ☐ Uses adaptive equipment ☐ Wears ear plugs

Allergies: Check any allergies below & provide specific allergy in space provided: ☐ N/A

<input type="checkbox"/> Food:
<input type="checkbox"/> Medication:
<input type="checkbox"/> Environmental: (i.e., seasonal, dust, etc.)
<input type="checkbox"/> Latex:
<input type="checkbox"/> Other:

Safety Information

- ☐ Recognizes general safety (Examples: electrical, chemicals, sharp items, hot objects, etc)
- ☐ Adapts to crowded/noisy areas ☐ May wander from group ☐ Able to seek assistance if lost
- ☐ Able to verbalize home address ☐ Able to verbalize home phone ☐ Able to get medical attention
- ☐ Carries emergency card (*Complete with diagnosis, health info and emergency contacts*)
- ☐ Carries state issued identifications ☐ Manages own belongings ☐ Appropriate social interactions
- ☐ Needs supervision in community setting

Please use the following space to explain any of the above or provide any additional information that may be helpful: _____

DAILY LIVING SKILLS/PERSONAL CARE

Adaptive Equipment ☐ N/A

Participant utilizes the following equipment: please mark all equipment you will bring and use during programs.

☐ Wheelchair ☐ Electric ☐ Manual ☐ Cane/Crutches ☐ AFO's/Splint/Braces
☐ Communication board/equipment ☐ Walker ☐ Other:

Participant requires the following assistance, adaptive equipment or modifications during activities: _____

Can toilet: ☐ Independently ☐ Independently, with reminders ☐ Only with assistance
☐ Manipulate clothing ☐ Transfers on/off toilet ☐ Weight-shift management ☐ Able to sit on toilet
☐ Females: care of menstrual needs ☐ Uses a modified adult undergarment
☐ Manipulate & use of toilet tissue Additional information: _____

Can eat: ☐ **Independently** ☐ **Independently, with reminders** ☐ **Only with assistance**

☐ Can feed self ☐ Eats at a reasonable pace ☐ Chews food completely ☐ Can choose and order meals

☐ Cut own food ☐ Can follow prescribed diet ☐ Knows the food to avoid ☐ Can inform others of allergies

Does participant have a specific diet, dietary restrictions, or any food that may cause a behavioral change?

If yes, please explain: _____

Can dress: ☐ **Independently.** ☐ **Independently, with reminders.** ☐ **Only with assistance**

If you require assistance for personal care, will you be bringing a personal aide to assist you? ☐ **Yes** ☐ **No**

Name and phone number of personal aide or staff who will be assisting.

Name _____ Phone _____

Communication Information

☐ Verbal and clearly understood ☐ Verbal but not clearly understood ☐ Uses sign language

☐ Uses a communication board ☐ Able to read ☐ Able to write ☐ Able to state full name

☐ Able to follow one-step directions ☐ Two-step directions ☐ Three-step directions

☐ Oriented to time ☐ Responds to name consistently ☐ Communicates needs and wants

☐ Other: _____

Money Management

☐ Able to identify coins ☐ Able to identify bills ☐ Able to identify cost of items

☐ Able to make change ☐ Able to count change ☐ Able to manage spending money

BEHAVIORAL INFORMATION

Is the participant using a specific plan for behavior? ☐ **Yes** ☐ **No**

**Please attach any specific behavior support plans that would benefit the staff.*

Behavioral triggers or fears: *please provide explanations of triggers or fears that staff should be aware of & how to address behavior in "Behavior Plan" section below.*

☐ **Loud Noises** ☐ **Large/open space** ☐ **Internal Temperature** (hot/cold) ☐ **Flashing/Bright Lights**

☐ **Weather** ☐ **Odors/Smells** ☐ **Crowded Places** ☐ **Animals** ☐ **Small/Closed space**

☐ **Other**

BEHAVIORAL PLAN:

Describe the best way to transition, introduce or explain new tasks.

Please explain methods or ways that encourage or motivate participant to fully participate.

RECREATION/LEISURE INTERESTS

Please circle your interests below.

Outdoor Recreation	Sports	Creative Arts	Leisure/Community
Bicycling	Basketball	Clowning	Community Special Events
Camping	Bowling	Dancing	Traveling
Canoeing/ Rafting/ Kayaking	Aerobics	Drama	Movie Theater
Fishing	Golf/ Miniature Golf	Hobby Crafts	Performing Arts Events
Hiking/ Nature Walks	Shooting Pool	Music	Restaurant Outings
Horseback Riding	Softball / Baseball	Painting / Drawing	Social Events
Rock Climbing	Volleyball	Photography	Sporting Events
Aquatics	Yoga	Puppetry	Community Outings
Other:	Other:	Other:	Computer games

RELEASE FROM LIABILITY AGREEMENT

I understand that Adaptive Recreation programs at Hilyard Community Center are planned with the utmost thought, work, and prudence and with the safety of the participants in mind. With the exception of specific trips, the City of Eugene Recreation Services does not provide medical insurance coverage for its participants. In consideration of the right to participate, each participant must acknowledge there are risks inherent in any kind of activity, and must agree to assume those risks on his/her own behalf, release and holding harmless the City, its officers or agents from all claims for injury or losses suffered from participation. An additional Release from Liability Agreement, signed by the participant or guardian, may be required for participation in some activities. Photographs of participants in Recreation Services activities may be used by the City of Eugene for publicity purposes without compensation or permission. Registration and/or payment of any registration fee shall be deemed an admission of agreement to the terms stated above.

**For Office Use
ONLY:**

Staff Signature _____ **Date Reviewed** _____

Staff Notes: